

ARIZONA LAW ENFORCEMENT MERIT SYSTEM COUNCIL

TRAINING AND EXPERIENCE SUPPLEMENT

for

ROTARY WING PILOT I

**Selection Process I.D.#
1238/--/0403.11**

APPLICANT NAME _____

APPLICANT SOCIAL SECURITY NUMBER _____

APRIL 2003

SSN# _____

ROTARY WING PILOT I
SUPPLEMENT TO APPLICATION

A. List below the number of helicopter-related flight hours

of Hours

- | | | |
|----|--|-------|
| 1. | as Pilot in Command (PIC) in helicopters. | _____ |
| 2. | as Pilot in Command (PIC) in helicopters within the last 2 years | _____ |
| 3. | as Pilot in Command (PIC) in single engine light turbine helicopters | _____ |
| 4. | as Pilot in Command (PIC) in OH58, Bell 206 series helicopters or military equivalent. | _____ |

Identify type(s) of helicopter(s) if equivalent is used:

- | | | |
|----|--|-------|
| 5. | as Pilot in Command (PIC) in Bell 407 series helicopters or military equivalent. | _____ |
|----|--|-------|

Identify type(s) of helicopter(s) if equivalent is used:

- | | | |
|----|---|-------|
| 6. | as Pilot in Command (PIC) in Bell 407 series helicopters or military equivalent within the last 2 years. | _____ |
| 7. | as a single pilot flying in helicopters. | _____ |

SSN# _____

B. List below the number of flight hours as Pilot in Command (PIC) for the following helicopter-related conditions:

of Hours

- | | |
|-----------------------------------|-------|
| 1. Unaided night flying | _____ |
| 2. Night vision goggle flying | _____ |
| 3. Mountain flying | _____ |
| 4. Long line/external load flying | _____ |

C. List below the length of experience in months as Pilot in Command (PIC) in the following helicopter-related operations:

of Months

- | | |
|------------------------------|-------|
| 1. Search and Rescue | _____ |
| 2. Emergency Medical Service | _____ |
| 3. Law Enforcement | _____ |

D. Check or fill in the appropriate blanks as follows:

- | | |
|---|--------------------|
| 1. I am currently instrument rated | YES _____ NO _____ |
| 2. I am instrument rated but not currently | YES _____ NO _____ |
| 3. If instrument rated, how many instrument hours do you possess? | _____ |

E. Have you had any aircraft accidents, incidents or violations? YES ____ NO ____

CERTIFICATE OF APPLICANT VERIFICATION

By my signature, I certify that all answers on this training and experience questionnaire are true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful or misleading answers, my application may be rejected, my name removed from consideration or my employment with the Arizona Department of Public Safety terminated.

Signature _____ Date _____